



**Dated:** \_\_\_\_\_

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

For: ABSORBENT PRODUCTS WITH IMPROVED  
VERTICAL WICKING AND REWET  
CAPABILITY

Examiner: Michele M. Kidwell

## **REQUEST FOR ORAL HEARING**

Dear Sir:

Applicant hereby requests an oral hearing in the above-identified matter.

Our check in the amount of \$1,000.00 covering the fee set forth in 37 CFR 41.20(b)(3) is enclosed. The Commissioner is authorized to charge any deficiency of up to \$300.00 or credit any excess in this fee to Deposit Account No. 04-0100.

Dated: November 22, 2005

Respectfully submitted,

By Sandra Lee  
Sandra S. Lee

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PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/774,248-Conf. #9852
<b>TOTAL AMOUNT OF PAYMENT</b>		Filing Date	January 30, 2001
(\$)		First Named Inventor	James R. Gross
1,000.00		Examiner Name	Michele M. Kidwell
		Art Unit	3761
		Attorney Docket No.	01313/100G952-US2

**METHOD OF PAYMENT** (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby &amp; Darby P.C.</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>
_____	_____	_____	_____	<b>Fee (\$)</b>
				<b>Fee Paid (\$)</b>
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	
_____	_____	_____	_____	

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____
- 100 = _____ /50 _____ (round up to a whole number) x _____ = _____				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1403 Request for oral hearing**Fees Paid (\$)**  
1,000.00

<b>SUBMITTED BY</b>			
Signature	<u>Sandra Lee</u>	Registration No. (Attorney/Agent)	51,932
Name (Print/Type)	Sandra S. Lee	Telephone	(212) 527-7735
		Date	November 22, 2005

Express Mail Label No.

Dated: \_\_\_\_\_

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